

newsletter

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Whether To Take the Test: Counseling Guidelines

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As the availability and use of the AIDS antibody test become more widespread, many more individuals are evaluating the benefits and risks of learning their antibody status. Some of these individuals will seek counsel from mental health professionals to help them decide whether to take the test. Clients already involved in counseling may wish to discuss these issues as part of their ongoing work. In addition, clients whose physicians have recommended the test for medical reasons may want to discuss their concerns about the possible negative psychological and social effects of taking the test. We outline here guidelines to help mental health practitioners in their work with clients concerned about taking the test and coping with the results.

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Background and History

In early 1983 researchers identified the virus (now named the Human Immunodeficiency Virus, HIV) believed to cause AIDS. Shortly thereafter, private companies developed a sophisticated laboratory test called ELISA (enzyme-linked immunosorbent assay) to detect antibodies to the virus. The primary purpose of the test was to screen blood and blood products for HIV contamination. The test in and of itself is not a test for AIDS and the test result does not reveal whether a person will develop AIDS.

Infection by the AIDS virus causes a response by the body's immune system. Part of this response is the production of antibodies which recognize and attach to specific proteins on the virus, called antigens. Since the antibodies are tailor-made for particular antigens, tests can be designed to detect these specific antibodies. Tests for antibodies include the ELISA, the IFA (immunofluorescence assay), and the Western Blot. Each of these tests is based on the same principle, and each uses different methods to detect the same antibodies. Thus, the IFA or the Western Blot can be used as a way to support results obtained by the less-expensive ELISA.

The antibody tests are all very sensitive, which means that they detect almost all of the positive sera. They are also very specific, seldom indicating negative sera as positive. While testing procedures may vary, the required repeat testing of positive tests increases the accuracy of the test. False reactions do occur for reasons that are not completely understood. A false negative result may occur because an individual has not yet developed antibodies to the virus. Most people produce antibodies within 2 to 8 weeks after exposure; some, however, will take up to 6 months.

Conversely, a false positive reaction may occur if the antibodies have developed in response to other similar proteins in the blood. Also, antibodies may have developed in reaction to another part of the test system, such as the cells in which the virus is grown. This would be called a non-specific reaction.

For individuals with little risk, the probability that a positive result is a "false positive" is greater only because there seems little chance that such individuals would have been exposed to HIV. Especially in these cases, testing by another method or repeat testing in a few months should be encouraged. The recommended procedure for all positive results is to be tested by another method such as IFA or Western Blot. While false positive and false negative reactions may occur, accumulating evidence shows that the ELISA test is very accurate, especially for individuals at high risk.

Whether To Take the Test *Continued from Page 1*

In some cases antibody testing has resulted in a positive psychological and behavioral adaptation to the threat of AIDS. For those who prove to be antibody negative, knowledge of their test results usually reduces unneeded anxiety, although some recipients may face problems with "survivor guilt" and extra stress about remaining negative. Many individuals who receive a positive result have been motivated to take their health more seriously and to improve their health behaviors. Since research has shown that most people with AIDS antibodies have active virus in their bodies, a positive result strongly implies that an individual is able to pass the virus to another. Knowledge of a positive status has motivated many individuals to be more judicious in following safer sex guidelines and in no longer sharing I.V. needles. However, for many individuals troubling psychological reactions to test results frequently accompany the news of seropositivity. These responses range from mild to moderate anxiety to full-blown anxiety and depressive disorders. Although adequate pre-counseling can lessen the likelihood of these reactions, it is no guarantee that these will not happen.

Ever since the antibody tests were developed, confusion ~~and conflict~~ about individual civil rights and public health interests have prevailed. Several public health officials and medical investigators wanted to use the test to help track and control the spread of the disease and to study the effects of infection. Advocates for people at high risk for HIV infection emphasized that many of these individuals are already socially stigmatized and that further use of the test might foster discrimination against those with positive results. Others, such as employers and insurance companies, showed an interest in the test for their own purposes.

Fears of discrimination have a realistic basis. Individuals in high-risk groups, regardless of their medical status, have lost jobs, have been denied housing and insurance, and have suffered from disruptions in relationships with families, partners, and friends. Homophobia, racism, and dislike or fear of drug addicts have been exacerbated by the hysteria and panic that have accompanied the AIDS epidemic. It is no wonder then that individuals in high-risk groups have been distrustful and suspicious in regard to the use of the antibody test. Given these facts, mental health professionals who counsel clients about the antibody test should provide information about possible consequences of taking the test and ways of managing the test information to prevent later difficulties.

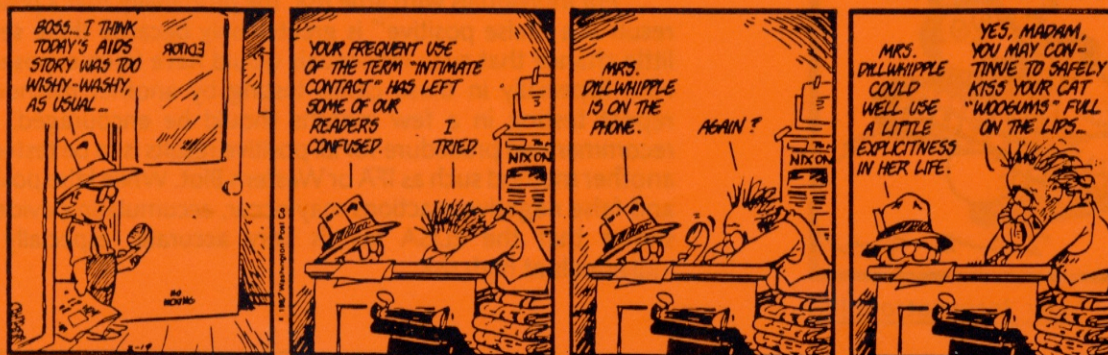
Outline of Benefits and Risks

The benefits of antibody testing include:

- (1) to protect the blood supply by testing individuals who are considering donating blood;
- (2) to ensure that organ donations are safe from HIV contamination;
- (3) to help support a medical diagnosis in individuals who exhibit unexplained symptoms that their doctors think might be related to a HIV infection;
- (4) to help women at high risk decide whether to become pregnant or give birth;
- (5) to help women with a history of risk behavior decide whether to breastfeed an infant or have an infant inoculated with vaccine produced from live virus;
- (6) to reduce anxiety in individuals who are at low risk for HIV infection yet who have extremely high anxiety about it;
- (7) to motivate individuals who continue to practice high-risk behavior and who feel that a positive test result may help them reduce these behaviors;
- (8) to help researchers design experimental treatment protocols and to help potential subjects determine whether or not to participate in the drug trials;
- (9) to help scientists determine the extent of HIV infection in the population at large and, by following seropositive individuals, to understand the natural history of HIV infection.

The risks of antibody testing include:

- (1) severe psychological reactions, including anxiety, nightmares, sleep disturbance, depression, and suicidal behavior;
- (2) disrupted interpersonal relations, including potential for rage reactions and their extreme manifestations, such as homicidal behavior;
- (3) social ostracism and self-imposed social withdrawal;
- (4) relationship problems (blaming partners, sexual dysfunction, disrupted ability to make plans as a couple);
- (5) stigmatization and discrimination if a positive antibody status is made known to others outside of guarantees of confidentiality;
- (6) problems with employment or insurance;
- (7) preoccupations with bodily symptoms; and
- (8) a false sense of security and denial if the test proves negative (for example, believing one is immune to infection and thus continuing with risk behavior).



BLOOM COUNTY
by Berke Breathed

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AIDS ANTIBODY TESTING

What a Non-Reactive HTLV-III/LAV Antibody Test Means:

The HTLV-III/LAV antibody is a protein the body produces in response to an infection by this virus. The HTLV-III/LAV may cause serious disease resulting in the body's inability to fight infection.

A **reactive** test indicates that the antibody has been found in your blood. A **non-reactive** test indicates that the antibody has **not** been found in your blood. A small percentage of persons treated may be told they have the antibody when in fact they do not. A small percentage of persons with non-reactive test results have in fact been infected with the virus.

A Non-reactive Test Result Means:

— No antibodies to HTLV-III/LAV have been found at this time. There are three possible explanations for this:

1. You have not been in contact with the virus, or
2. You have come in contact with the virus, but have not become infected. Repeat exposure to the virus greatly increases the likelihood of your becoming infected. A non-reactive test result does not mean that you are protected from infection in the future, or
3. You have been infected with the virus but have not produced antibodies yet. It may take from weeks to months to produce antibodies. We expect that a very small number of persons who become infected never produce antibodies.

What a Non-reactive Antibody Test DOES NOT Mean:

- That you are immune to the virus.
- That you have definitely avoided infection with the virus. You may have been infected but have not yet produced antibodies.
- That you can stop worrying about being infected by HTLV-III/LAV if you are at high risk. If you fit into any of the following categories you are at **HIGH RISK**:

1. Male who has had sexual contact with another man since 1977. It is safe to assume that a male who has had exclusively monogamous sexual contact with a partner who has likewise been exclusively monogamous since 1977 is not at risk.
2. User of illicit drugs injected into the veins or skin, where needle/syringe is shared.
3. Hemophiliac or have had an inherited bleeding disorder and have had transfusions since 1977.
4. Persons from a global endemic area. (e.g. Central Africa, Haiti).
5. Sexual partner of a person with AIDS, ARC, a reactive HTLV-III/LAV antibody test or of someone in one of the above four groups.

What should you do if you are at high risk and have a non-reactive antibody test?

- Because some infected persons will have a non-reactive test result, you should take precautions as if you were infected with the virus by using:

SAFE SEXUAL PRACTICES:

- when engaging in sexual activities avoid passing or receiving body fluids, especially blood and semen, but also saliva, urine, vaginal secretions or feces.
- use of condoms may reduce the risk of infection but may not be absolutely safe.
- reducing the number of casual sex partners will reduce the risk of infection.
- the following practices are considered **safe**: social kissing (dry), solitary and mutual masturbation, body massage and hugging, body to body rubbing (frottage), and unshared sexual appliances.

- the following practices are **possibly unsafe**: anal intercourse with a condom, fellatio interruptus (oral-penile contact, stop before climax), wet kissing, urine contact, vaginal intercourse with a condom and oral-vaginal contact.
- the following practices are **unsafe**: insertive and receptive anal intercourse without a condom, manual anal intercourse (fisting), oral-anal contact, fellatio (oral-penile contact) to climax, and vaginal intercourse without a condom.
- if you are female, avoid other persons touching your vagina with their penis, fingers or tongue at any time during your menstrual period.

OTHER SAFETY PRECAUTIONS — even if you test non-reactive

- if you inject illicit drugs into your veins or under your skin, avoid sharing needles or any other equipment.
- avoid sharing toothbrushes, razors or anything else that could have your blood or any other body fluid on it. Avoid being tattooed, undergoing electrolysis or having ears pierced.
- if you bleed from a wound or cut, any item on which your blood has spilled should be cleaned with a mixture of one part household bleach to nine parts water. Any instrument with which your skin is punctured should be soaked in the bleach solution for ten minutes or should be sterilized by boiling for ten minutes.
- contamination with any other body secretion/excretion (e.g. urine, vomitus) should be handled as above.
- do not donate blood, plasma, sperm, body organs or other body tissue.
- if you have a driver's licence, do not sign the organ donor portion of your licence papers. If you have already signed the organ donor portion of your driver's licence, cross out your signature.
- tell any person giving you medical (physician, nurse, acupuncture practitioner) or dental care that he/she must always use **BLOOD AND BODY FLUID PRECAUTIONS**. This will help decrease their risk of contracting and then spreading the disease.
- if your work involves the possible exposure of

others to your blood or other body fluids, you should take the same precautions used in your work place to prevent hepatitis B, including wearing gloves when appropriate.

- see a doctor once a year for a complete medical checkup and advice about maintaining your health. It is important that you find a doctor with whom you feel comfortable. You and your doctor should be able to discuss freely the ways of reducing the risk of transmitting or being exposed to HTLV-III/LAV.
- if any of the following problems occur, see your doctor:
 - a) unexplained weight loss,
 - b) unexplained fever,
 - c) unexplained diarrhea,
 - d) yeast infections in the mouth,
 - e) severe sweating during the night,
 - f) extreme fatigue,
 - g) swollen glands,
 - h) purplish spots on top of or beneath the skin, or in the mouth, nose or anus,
 - i) dry cough or shortness of breath.Please note that the above symptoms may indicate an infection not related to AIDS.
- to improve your chances of staying healthy, avoid unsafe sexual practices, avoid illicit injection of drugs, heavy alcohol use, fatigue and stress. You should develop and maintain good nutrition and rest patterns.
- if you are a woman at high risk for AIDS and have had children born since 1977, you should take them to a doctor for a checkup.
- if you or your sexual partner plan on becoming pregnant, discuss your intentions with your doctor.

Where Can I Get Help to Decrease My Fears and Worries?

You may go to your doctor or be referred to a specialist or a counsellor for advice and help. If you are refused medical or dental care due to your requirement for **BLOOD AND BODY FLUID PRECAUTIONS**, appropriate referrals are available from Communicable Disease Control and Epidemiology, AIDS Network (Edmonton), and AIDS Calgary.

What Happens To My Test Results? Who Will Know About The Results?

Your blood sample has been sent to the laboratory for testing with only a code used as an identification. Your code number and the fact that it was an antibody test with a non-reactive result will be recorded confidentially. Your name will not be recorded by the Health Department, because it will not be known to them. You, your doctor, and/or counsellor are the only ones who know the results of your test.

That is why it is important that you:

- Should request **blood and body fluid precautions** when seeking medical (physician, nurse, acupuncture practitioner) or dental care; and that you
- take every precaution to avoid passing the infection to others.

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AIDS NETWORK OF EDMONTON
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429-AIDS (2437)

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